## JOINT PATHOLOGY CENTER ATTN: Registry Submissions 606 Stephen Sitter Avenue Silver Spring, MD 20910-1258

## JOINT PATHOLOGY CENTER (JPC) REGISTRY SUBMISSION ACKNOWLEDGEMENT AND RECEIPT

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| 1. CONTRIBUTOR (Facility Name, Address) |                        |                                   |                             |                        | 2. CONTACT NUMBERS        |  |                     | 3. SUBMITTED (Date) 4. RECEIVED (Date) |                     |   |                          | RECEIVED (Date) |  |
|---|------------------------|-----------------------------------|-----------------------------|------------------------|---------------------------|--|---------------------|--|---------------------|---|--------------------------|-----------------|--|
| 2a. PHONE                               |                        |                                   |                             |                        |                           |  | 7                   |  |                     |   |                          |                 |  |
|   |                        |                                   |                             |                        |                           | 2b. FAX                                |                     |  |                     | 1 |                          |                 |  |
| 5a. PATIENT NAME (Last, First, MI)      | 5b. SSN<br>(Last Four) | 6. CONTRIBUTOR'S ACCESSION NUMBER | 7. MATERIALS                | ty)                    |                           | 8. REGISTRY<br>(POW, AGO,<br>KUW, IRQ, | 9. RECEIVED (X one) |  | 10. JPC<br>COMMENTS |   | 11. JPC ACCESSION NUMBER |                 |  |
|   |                        |                                   | 7a.<br>PATH/CYTOL<br>REPORT | 7b.<br>GLASS<br>SLIDES | 7c.<br>PARAFFIN<br>BLOCKS | 7d.<br>WET<br>TISSUE                   | AFG, etc.)          | Y                                      | N                   |   |                          |                 |  |
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